

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 334
Registered No. 334

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1132 Alderman St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Salazar

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

Female

4. Twin, triplet or other _____

6. Legitimate?

yes

7. Date

of birth July 31-1927
Month Day Year

8.

FATHER

Full name Francisco Salazar

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

Sonora

(State or country)

Mex.

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Cecencia Hernandez

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 32 (Years)

18. Birthplace (city or place)

Chihuahua

(State or country)

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother _____

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 6

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown M.D.

Physician

(Physician or midwife).

Address Miami, Arizona

Filed Aug 11, 1927 R. E. Trim

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Registrar

429-731-389

THIS IS A PERM. RETURN must be made order of birth stated.

in case of more than one child

the num.